

Filing at a Glance

Companies: Continental Casualty Company, Continental Insurance Company, American Casualty Company of Reading - PA, Transportation Insurance Company, Valley Forge Insurance Company, National Fire Insurance Company of Hartford

Product Name: Long Term Care Program	SERFF Tr Num: CNAC-125253644	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: AR-PC-07-025718
Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)	Co Tr Num: 07-F2183	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Robert Alonzo	Disposition Date: 08-13-2007
	Date Submitted: 08-06-2007	Disposition Status: Approved
Effective Date Requested (New): 10-01-2007		Effective Date (New): 10-01-2007
Effective Date Requested (Renewal): 10-01-2007		Effective Date (Renewal): 10-01-2007

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number: 07-F2183	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08-13-2007	
State Status Changed: 08-07-2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
new form for use with our Long Term Care Program- Building and Personal Property Coverage currently on file with your Department.	

Company and Contact

Filing Contact Information

Robert Alonzo, State Filing Analyst	robert.alonzo@cna.com
40 Wall Street	(212) 440-3478 [Phone]
New York, NY 10005	(212) 440-2877[FAX]

Filing Company Information

Continental Casualty Company	CoCode: 20443	State of Domicile: Illinois
40 Wall Street	Group Code: 218	Company Type:
9th Floor		
New York, NY 10005	Group Name:	State ID Number:

(212) 440-3478 ext. [Phone]

FEIN Number: 36-2114545

Continental Insurance Company

CoCode: 35289

State of Domicile: New Hampshire

40 Wall Street

Group Code: 218

Company Type:

9th Floor

New York, NY 10005

Group Name:

State ID Number:

(212) 440-3478 ext. [Phone]

FEIN Number: 135010440

American Casualty Company of Reading - PA

CoCode: 20427

State of Domicile: Pennsylvania

40 Wall Street

Group Code: 218

Company Type:

8th Floor

New York, NY 10005

Group Name:

State ID Number:

(212) 440-3478 ext. [Phone]

FEIN Number: 23-0342560

Transportation Insurance Company

CoCode: 20494

State of Domicile: Illinois

40 Wall Street

Group Code: 218

Company Type:

8th Floor

New York, NY 10005

Group Name:

State ID Number:

(212) 440-3478 ext. [Phone]

FEIN Number: 36-1877247

Valley Forge Insurance Company

CoCode: 20508

State of Domicile: Pennsylvania

40 Wall Street

Group Code: 218

Company Type:

New York, NY 10005

Group Name:

State ID Number:

(212) 440-3478 ext. [Phone]

FEIN Number: 23-1620527

National Fire Insurance Company of Hartford

CoCode: 20478

State of Domicile: Illinois

40 Wall Street

Group Code: 218

Company Type:

New York, NY 10005

Group Name:

State ID Number:

(212) 440-3478 ext. [Phone]

FEIN Number: 06-0464510

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0010384450	\$50.00	07-26-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08-13-2007	08-13-2007

Disposition

Disposition Date: 08-13-2007

Effective Date (New): 10-01-2007

Effective Date (Renewal): 10-01-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover letter	Approved	Yes
Supporting Document	Form Memo	Approved	Yes
Form	Concurrent Casusation, Earth Movement & Water Exclusion Changes - LTC	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Concurrent Casusation, EarthXX Movement & Water Exclusion Changes - LTC	GSL5840	(07-2007)	Endorseme New nt/Amendm ent/Condi ons		0.00	GSL5840XX _072007_Co ncur Caus Earth and Water Excl Change LTC.pdf



CONCURRENT CAUSATION, EARTH MOVEMENT AND WATER EXCLUSION CHANGES - LONG TERM CARE

This endorsement modifies insurance provided under the following:

HEALTH AND PERSONAL PROPERTY FACILITIES - BUILDING AND PERSONAL PROPERTY COVERAGE FORM

A. Under Section **B. EXCLUSIONS AND LIMITATIONS**, subparagraph **a.** of paragraph **1. Exclusions** is deleted in its entirety and replaced by the following:

a. We will not pay for loss or damage directly or indirectly caused by or resulting from any of the following regardless of: (a) the causes of the excluded event; or (b) other causes of the loss; or (c) any other causes or events, whether or not insured under this Policy, which may have contributed concurrently or in any sequence with the excluded event to produce the loss; or (d) whether the event occurred suddenly or gradually, involved isolated or widespread damage, arose from natural or external forces or acts or omissions of man, or occurred as a result of any combination of any of the following:

(1) Ordinance or Law

The enforcement of any ordinance or law:

- (a)** Regulating the construction, use or repair of any property; or
- (b)** Requiring the tearing down of any property, including the cost of removing its debris.

(2) Earth Movement

- (a)** Any earth movement (other than sinkhole collapse), such as an earthquake, landslide, mine subsidence or earth sinking, rising or shifting.

Also, earth movement, as described above applies to acts or omissions of man or any other cause or combination of causes shown above. But if loss or damage by fire, explosion or theft results, we will pay for that resulting loss or damage.

- (b)** Volcanic eruption, explosion or effusion. But if loss or damage by fire, building glass breakage or volcanic action results, we will pay for that resulting loss or damage.

Volcanic action means direct loss or damage resulting from the eruption of a volcano when the loss or damage is caused by:

- i.** Airborne volcanic blast or airborne shock waves;
- ii.** Ash, dust or particulate matter; or
- iii.** Lava flow.

All volcanic eruptions that occur within any 168-hour period will constitute a single occurrence.

Volcanic action does not include the cost to remove ash, dust or particulate matter that does not cause direct physical loss or damage to the property.

This exclusion does not apply to property in the due course of transit, or in the custody of salesmen.



(3) Governmental Action

Seizure or destruction of property by order of governmental authority.

But we will pay for acts of destruction ordered by governmental authority and taken at the time of a fire to prevent its spread, if the fire would be covered under this Coverage Part.

(4) Nuclear Hazard

Nuclear reaction or radiation, or radioactive contamination, however caused.

But if loss or damage by fire results, we will pay for that resulting loss or damage.

(5) Off-Premises Services

The failure of power or other utility service supplied to any premises, however caused, if the failure occurs away from the premises.

But if loss or damage by a Covered Cause of Loss results, we will pay for that resulting loss or damage.

(6) War and Military Action

(a) War, including undeclared or civil war;

(b) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

(c) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

(7) Water

(a) "Flood", surface water, waves, tides, tidal waves, overflow of any body of water, including release of water held by a dam, levy or dike or by a water or flood control device, or their spray, all whether driven by wind or not;

(b) Mudslide or mudflow;

(c) Water that backs up from a sewer or drain; or

(d) Water under the ground surface pressing on, or flowing or seeping through:

i. Foundations, walls, floors or paved surfaces;

ii. Basements, whether paved or not; or

iii. Doors, windows or other openings.

But if loss or damage by fire, explosion, sprinkler leakage or theft results, we will pay for that resulting loss or damage. We will also pay for resulting loss or damage by Equipment Breakdown if it is a Covered Cause of Loss.

This exclusion does not apply to property in the due course of transit or in the custody of salesmen, or to the Limited Water Damage Additional Coverage.



- B. Wherever the word "flood" appears in the Commercial Property Coverage Part, it is amended to a defined term, as per the following, and supersedes and replaces any other definition of "flood":

"Flood" means a general and temporary condition of partial or complete inundation of normally dry land areas, whether caused by natural occurrences, acts or omissions of man or any other cause or combination of causes.

All flooding in a continuous or protracted event will constitute a single flood.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy and expires concurrently with said Policy unless another effective date is shown below.

By Authorized Representative _____
(No signature is required if issued with the Policy or if it is effective on the Policy Effective Date)

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	08-13-2007
Comments:			
Attachments:			
AR PC TD.pdf			
PC FF.pdf			
Satisfied -Name:			
Cover letter		Review Status: Approved	08-13-2007
Comments:			
Attachment:			
AR #07-2183 LTC cover let.pdf			
Satisfied -Name:			
Form Memo		Review Status: Approved	08-13-2007
Comments:			
Attachment:			
07-F2183_072007_LTC Form Filing Memorandum.pdf			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
CNA	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	
American Casualty Company of Reading PA	PA	20427	23-0342560	
National Fire Insurance Company of Hartford	IL	20478	06-0464510	
Transportation Insurance Company	IL	20494	36-1877247	
Valley Forge Insurance Company	PA	20508	23-1620527	
Continental Insurance Company	PA	35289	13-5010440	

5. Company Tracking Number	07-F2183
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Robert ALonzo 40 Wall Street - 9 th Floor	State Filing Analyst	212-440-3478	212-440-2877	robert.alonzo@cna.com
New York, NY 10005				
7. Signature of authorized filer		<i>Robert Alonzo</i>		
8. Please print name of authorized filer		Robert Alonzo		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial
10. Sub-Type of Insurance (Sub-TOI)	Fire & Allied Lines
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Long Term Care Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/1/2007 Renewal: 10/1/2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	07-F2183
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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New form for use with our Long Term Care Program currently on file with your Department.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: 0010384550 Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		07-F2183		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Concurrent Causation, Earth Movement & Water Exclusion Changes - LTC	GSL5840XX (07-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



40 Wall Street – 9th Floor
New York, New York 10005

State Filing Analyst
P & C State Filing Unit
CNA Global Specialty Lines

August 6, 2007

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Facsimile 212-440-2877
Toll Free 877-269-3277 x3478
Internet Robert.alonzo@cna.com

Arkansas Insurance Division
P&C Division
1200 W. 3rd Street
Little Rock, AR 72201-1904

RE:	Continental Casualty Company	NAIC #: 20443	FEIN #: 36-2114545
	American Casualty Company of Reading, PA	NAIC #: 20427	FEIN #: 23-0342560
	National Fire Insurance Company of Hartford	NAIC #: 20478	FEIN #: 06-0464510
	Continental Insurance Company	NAIC #: 35289	FEIN #: 13-5010440
	Transportation Insurance Company	NAIC #: 20494	FEIN #: 36-1877247
	Valley Forge Insurance Company	NAIC #: 20508	FEIN #: 23-1620527
	<i>Long Term Care Program - Building and Personal Property Coverage</i>		
	<i>Forms Filing</i>		
	<i>GSL 5840XX ed. 7-07 Concurrent Causation, Earth Movement & Water Exclusion Changes</i>		
	<i>Company Filing No.: 07-F2183</i>		

To Whom It May Concern:

On behalf of Continental Casualty Company, we hereby submit for your review and approval the above captioned new form for use with our Long Term Care Program- Building and Personal Property Coverage currently on file with your Department.

Please refer to the attached Forms Filing Memorandum, and copy of the new form for further details.

We propose that this filing become effective for all policies written on or after October 1, 2007, or the earliest date permitted by your state

Please feel free to contact us if you have any questions.

Sincerely,
Robert Alonzo
Robert Alonzo
State Filing Analyst

**AMERICAN CASUALTY COMPANY OF READING, PA
CONTINENTAL CASUALTY COMPANY
CONTINENTAL INSURANCE COMPANY
TRANSPORTATION INSURANCE COMPANY
VALLEY FORGE INSURANCE COMPANY
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD**

HEALTH PRO - LONG TERM CARE PROGRAM

FORM FILING MEMORANDUM

FILING I.D. #: 07-F2183

NEW FORM

FORM NUMBER	EDITION DATE	FORM TITLE
GSL5840XX	(7-07)	<p><u>Concurrent Causation, Earth Movement & Water Exclusion Changes- Long Term Care</u></p> <p>This new endorsement modifies the Health and Personal Care Facilities - Building and Personal Property Coverage Form SCP 00504(5/92). It clarifies our original intent with respect to the application of the concurrent causation provision, the earth movement exclusion and the water exclusion. This endorsement clarifies that the earth movement exclusion applies to occurrences of man-made earth movement. In addition, the water exclusion is being clarified to define the term flood. "Flood" which is also made a defined term within the Commercial Property Coverage Part.</p> <p>The specific changes to the applicable exclusions and additional wording is indicated in revision marks on one of the copies of the form included with this filing (along with a 'clean' copy of this new form).</p>